

Costs and outcomes associated with COVID-19 hospitalisation in the South African public sector

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RESEARCH SNAPSHOT

Figure 1: COVID-19 hospitalisation: Cost per patient day (2020 US dollars) by highest-level of care reached
Wave 1: March 2020 - October 2020, South Africa-Gauteng province, N=573 (Cost estimates in 2020 USD)

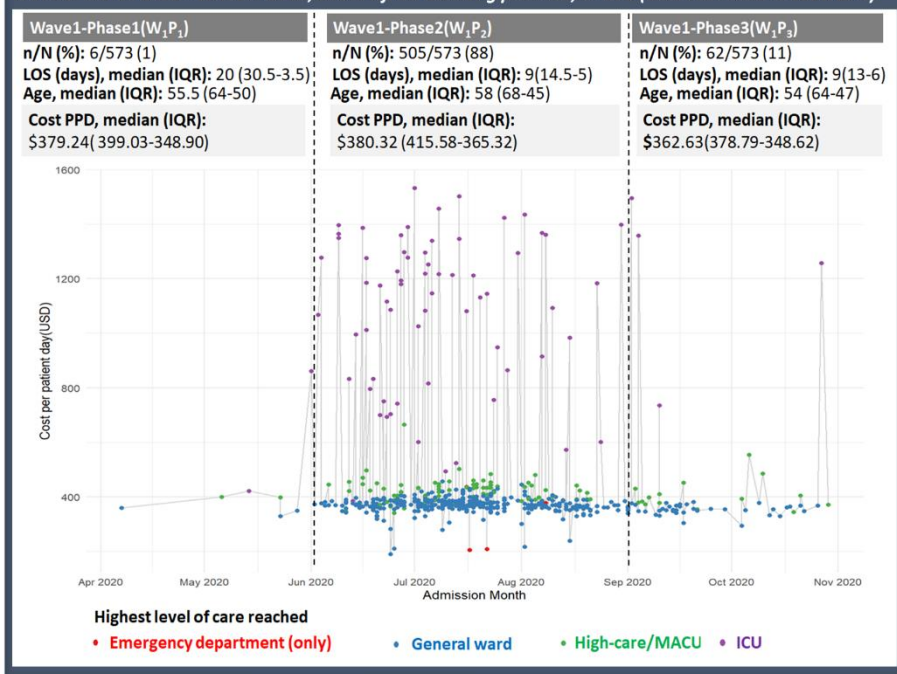


Figure 1 presents the total cost per patient day (PPD) aggregated by care-pathway followed between March 2020 and October 2020.

The following cost categories and associated unit costs have been used to calculate the total cost of inpatient care for patients hospitalised with COVID-19:

- ER triage costs
- Staff costs
- Medicine costs
- Laboratory costs
- Diagnostics and other services (including chest X-ray, chest CT, ECG, CT angiography, ultrasound and dialysis)
- Oxygen support costs
- Hotel costs
- Infection prevention and control costs (based on estimates from national guidelines)

Figure 2: Care pathways and highest-level of care seen in our dataset

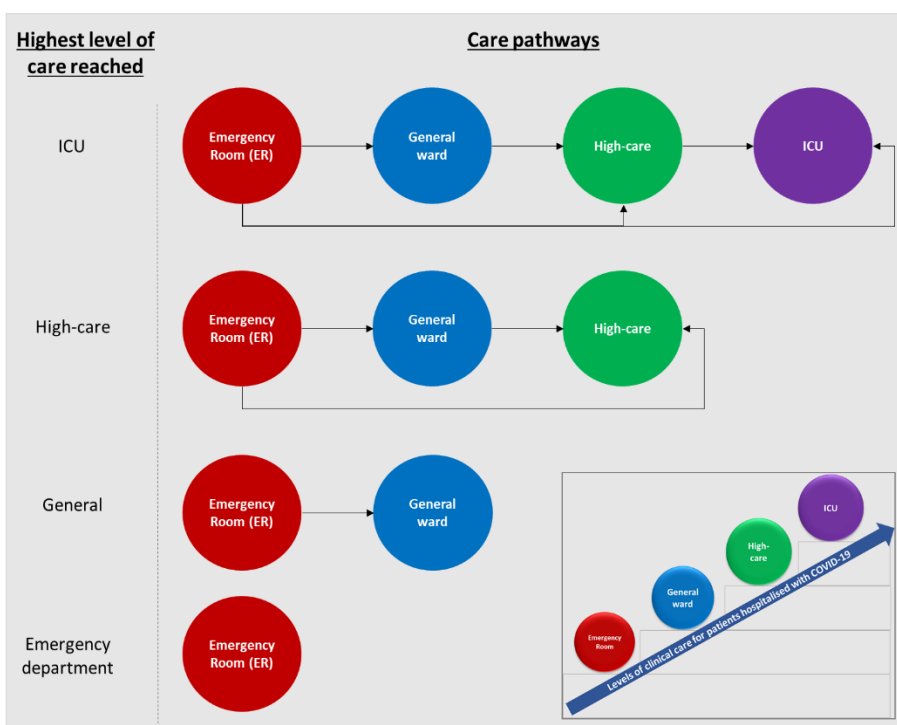


Figure 2 represents the various care pathways seen within our dataset and the ranking of care levels. Care levels range from ER (lowest care level) to ICU (highest care level). Within our dataset a patient that has passed away in the Emergency room (ER) will have the ER indicated as their highest level of care reached.

The goal behind developing clinical care pathways was “to optimise access to patient care resources and standardise management processes, from streamlining the admission criteria to immediate incorporation of the best medical management for COVID-19 patients¹.”

Reference: 1. [How clinical pathways made a huge difference in COVID-19 management at this Philippine hospital - HMA \(hospitalmanagementasia.com\)](https://hospitalmanagementasia.com)